

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/572,419	
Confirmation Number		
Filing Date	with an effective filing date of September 14, 2004	
First Named Inventor	Gianfranco PASSONI	
Group Art Unit	3721	
Examiner Name	John R. Paradiso	Fax: (571) 273-8300
Total No. of Pages in this Submission: 18	Attorney Docket Number	TRSCWE P01AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$960.00 <input checked="" type="checkbox"/> Amendment/Response [11] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <input type="checkbox"/> Replacement Sheet(s) ... <input type="checkbox"/> <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> <input type="checkbox"/> Request for Refund <input type="checkbox"/>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> <input type="checkbox"/> Status Letter <input type="checkbox"/> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination - (in duplicate) [1] Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

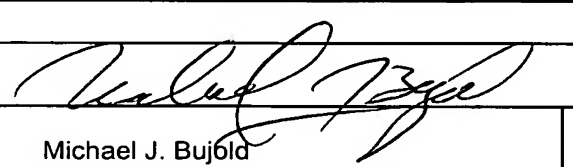
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	June 19, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 19, 2009.

Signature		Date: June 19, 2009 (amp)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. FEE TRANSMITTAL For FY 2008</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>																																																							
<p>TOTAL AMOUNT OF PAYMENT: \$960.00</p>		<p>Application No. _____ Filing Date _____ First Named Inventor _____ Examiner Name _____ Art Unit _____</p>	<p>10/572,419 with an effective filing date of September 14, 2004 Gianfranco PASSONI John R. Paradiso 3721</p>																																																						
<p>Attorney Docket No. _____</p>		<p>TRSCWE P01AUS</p>																																																							
<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																									
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<p>3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>No. of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____ -100 = _____</td> <td>_____ / 50 = _____</td> <td>_____ (round up to a whole number) x _____</td> <td>_____ \$270/\$135</td> <td>_____</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____ -100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____ \$270/\$135	_____																																												
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<p>SUBMITTED BY</p>																																																									
Signature			Telephone (603) 226-7490																																																						
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: June 19, 2009																																																						

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

FEE TRANSMITTAL
For FY 2008Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit10/572,419
with an effective filing date of
September 14, 2004
Gianfranco PASSONI
John R. Paradiso
3721

Attorney Docket No.

TRSCWE P01AUS

TOTAL AMOUNT OF PAYMENT: \$960.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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		\$52/\$26			
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>		
		\$220/\$110			

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

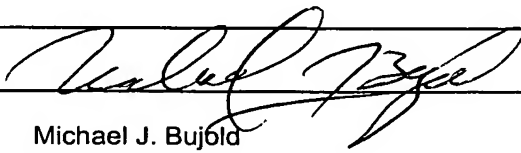
<u>Total Sheets</u> -100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>
			\$270/\$135	

4. OTHER FEE(S)

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SUBMITTED BY

Signature



Telephone (603) 226-7490

Name
(Print/Type)

Michael J. Bujold

Registration No.
(Atty/Agent) 32,018

Date: June 19, 2009